Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Conscious sedation in dentistry.

Bibliographic Source(s)

Scottish Dental Clinical Effectiveness Programme. Conscious sedation in dentistry: dental clinical guidance. Dundee (Scotland): Scottish Dental Clinical Effectiveness Programme; 2017 Jun. 49 p. [59 references]

Guideline Status

This is the current release of the guideline.

This guideline meets NGC's 2013 (revised) inclusion criteria.

NEATS Assessment

National Guideline Clearinghouse (NGC) has assessed this guideline's adherence to standards of trustworthiness, derived from the Institute of Medicine's report Clinical Practice Guidelines We Can Trust.

 = Poor  = Fair  = Good  = Very Good  = Excellent

Assessment	Standard of Trustworthiness
YES	Disclosure of Guideline Funding Source
	Disclosure and Management of Financial Conflict of Interests
	Guideline Development Group Composition
YES	Multidisciplinary Group
UNKNOWN	Methodologist Involvement

▮▮▮▮▮	Patient and Public Perspectives
	Use of a Systematic Review of Evidence
▮▮▮▮▮	Search Strategy
▮▮▮▯▯	Study Selection
▮▮▮▮▮	Synthesis of Evidence
	Evidence Foundations for and Rating Strength of Recommendations
▮▮▮▯▯	Grading the Quality or Strength of Evidence
▮▮▮▮▯	Benefits and Harms of Recommendations
▮▮▮▮▮	Evidence Summary Supporting Recommendations
▮▮▮▮▯	Rating the Strength of Recommendations
▮▮▮▮▮	**Specific and Unambiguous Articulation of Recommendations**
▮▮▮▮▮	**External Review**
▮▮▮▮▮	**Updating**

Recommendations

Major Recommendations

Note from the Scottish Dental Clinical Effectiveness Programme (SDCEP) and National Guideline Clearinghouse (NGC): In addition to these key recommendations, the guideline development group also identifies clinical practice advice, designated by a molar icon, in the full-text guideline document.

Environment for Conscious Sedation

Ensure that the clinical environment for the provision of conscious sedation for dentistry has the necessary staff, facilities and equipment for the conscious sedation technique(s) used and the patients receiving care. (Expert opinion)

Preparation for Conscious Sedation

Patient Assessment for Sedation

Carry out a full assessment of the patient to inform the need for sedation and, if indicated, the technique most suited to the individual patient. (Expert opinion)

Pre- and Post-sedation Instructions

Prior to sedation, provide consistent instructions both verbally and in writing for patients, parents/carers and escorts, that are specific to the patient's needs and explain the effects of the proposed sedation and responsibilities both before and after treatment. (Expert opinion)

Fasting

For conscious sedation, provide advice about whether or not to fast based on an individual assessment of the patient and the nature of the sedation and dental procedure. (Expert opinion; Low quality evidence)

Patient Escort

Ensure that a responsible adult escort, who is capable of looking after the patient unaided, is present and accompanies the patient home after treatment under conscious sedation. Adults receiving inhalation sedation with nitrous oxide/oxygen do not usually require an escort. (Expert opinion)

Conscious Sedation Techniques

Ensure that the sedation technique used is suited to the age and needs of the patient and delivered by a dental sedation team specifically trained and experienced in the technique and working in an appropriate environment. (Expert opinion)

Standard Techniques

If sedation is considered necessary for the delivery of dental care, use a standard sedation technique, unless there are clear indications to do otherwise. (Expert opinion; Low quality evidence)

Advanced Techniques

Only use an advanced technique if the clinical needs of the patient are not suited to sedation using a standard technique. (Expert opinion)

Monitoring

Ensure the patient is monitored peri-operatively by an appropriately trained member of staff in a manner suited to the patient and sedation technique. (Expert opinion)

Conscious Sedation for Children and Young People

Ensure that all staff involved in providing conscious sedation for children or young people are trained and experienced in sedating patients of these ages and that the staffing, equipment and facilities are appropriate for the age of the patient and the technique. (Expert opinion)

Recovery and Discharge

Monitor the patient throughout the recovery period until they are assessed as fit for discharge (refer to the original guideline document for discharge criteria). (Expert opinion)

Training in Conscious Sedation

Ensure that all members of the dental sedation team have the knowledge and skills necessary for their role to safely and effectively deliver the sedation technique used (as described in the original guideline document). (Expert opinion)

Managing Sedation-related Complications

Ensure that the clinical team is trained and collectively competent in the recognition and management of sedation-related complications. (Expert opinion)

Definitions

Grading of Recommendations Assessment, Development and Evaluation (GRADE) Definitions of Quality of the Evidence

High quality	The guideline panel is very confident that the true effect lies close to that of the estimate of the effect.
Moderate	The guideline panel is moderately confident in the effect estimate: The true effect is likely

quality	to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low quality	The guideline panel confidence in the effect estimate is limited: The true effect maybe substantially different from the estimate of the effect.
Very low quality	The guideline panel has very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Conditions requiring any type of dental treatment

Guideline Category

Evaluation

Management

Risk Assessment

Treatment

Clinical Specialty

Anesthesiology

Dentistry

Intended Users

Advanced Practice Nurses

Allied Health Personnel

Dentists

Health Care Providers

Other

Physicians

Students

Guideline Objective(s)

To promote good clinical practice for the provision of conscious sedation in dentistry that is both safe and effective

Note: This guidance is not intended to be a technical guide for sedation and therefore does not include details of drug doses or delivery. Similarly, adequate pain control is an important element of good dental practice but is outside the scope of this guidance.

Target Population

All patients receiving conscious sedation to facilitate the provision of any type of dental treatment whether it is delivered in a dental practice, in a public or community dental service clinic or in a hospital setting

Interventions and Practices Considered

1. Ensure clinical environment has necessary staff, facilities, and equipment
2. Patient assessment
3. Pre- and post-sedation instructions
4. Fasting
5. Patient escort
6. Selection of appropriate sedation technique
7. Preferential use of standard over advanced sedation
8. Peri-operative and post-operative monitoring
9. Staff training

Major Outcomes Considered

- Efficacy of sedation techniques
- Adverse events
- Cost-effectiveness
- Completion of treatment
- Postoperative anxiety
- Patient satisfaction
- Morbidity
- Mortality

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

The updating of the Conscious Sedation in Dentistry followed the National Institute for Health and Care Excellence (NICE) accredited methodology described in the Scottish Dental Clinical Effectiveness Programme (SDCEP) Guidance Development Process Manual (Version 1.3, February 2016).

Literature Search

The guiding principle for developing guidance within the SDCEP is to first source existing guidelines, policy documents, legislation or other recommendations. Similarly, relevant systematic reviews are also

identified. These documents are appraised for their quality of development, evidence base and applicability to the remit of the guidance under development. In the absence of these documents or when supplementary information is required, other published literature and unpublished work may be sought.

For this guidance, a comprehensive search of MEDLINE, EMBASE, CINAHL, the Cochrane Database of Systematic Reviews and the Cochrane Database of Abstracts of Reviews of Effects (DARE) was carried out on 12 April 2016 and of the National Guidelines Clearinghouse on 13 April 2016. No date limits were applied. All dates from inception of each database to April 2016 were included in the search. Each database was queried with a combination of sedation and dental terms and 1252 records were retrieved in total. These literature searches were performed by the Trials Search Co-ordinator, Cochrane Oral Health Group. The details of the searches can be found in Appendix 2 in the Guidance Development Methodology document (see the "Availability of Companion Documents" field).

Potentially eligible articles were identified from the list of titles and abstracts retrieved. This article selection was carried out independently in duplicate by researchers within SDCEP and the Cochrane Oral Health Group. An article was considered eligible if it met all of the following criteria:

> The article was a systematic review or a guideline. For this purpose, an article would be included as a systematic review, if it included a methods section, a search of one or more electronic databases and a table of included studies. An article was included as a guideline if it made recommendations for clinical practice.
> The article referred to sedation for the provision of dental care that is consistent with the agreed definition of conscious sedation (stated in Section 1.3 of SDCEP's *Conscious Sedation in Dentistry* [2012]).

The search results were also screened for any articles relevant to sedation training or patient views and preferences on dental sedation.

Full copies of all potentially eligible articles were retrieved and further checked against the criteria. Additional manual searching of other resources including National Health Service (NHS) Evidence and BioMed Central for dental AND sedation, searching of specialist society Web sites and follow up of citations from relevant articles found through the systematic searching was also carried out. Other sources of evidence were identified by guidance development group (GDG) members. A summary of the 13 guidelines and 7 systematic reviews appraised for this guidance can be found in Appendix 3 of the Guidance Development Methodology document (see the "Availability of Companion Documents" field).

Number of Source Documents

13 guidelines and 7 systematic reviews were appraised for this guidance.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Grading of Recommendations Assessment, Development and Evaluation (GRADE) Definitions of Quality of the Evidence

High quality	The guideline panel is very confident that the true effect lies close to that of the estimate of the effect.
Moderate quality	The guideline panel is moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

Low quality	The guideline panel confidence in the effect estimate is limited: The true effect maybe substantially different from the estimate of the effect.
Very low quality	The guideline panel has very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

Evidence Appraisal and Synthesis

Eligible articles relevant for each of the clinical questions were identified. Precedence was given to the most recent articles, where of suitable quality, published in English. A reviewer assessed the full text of each article and extracted the information applicable to the clinical question. The evidence appraisal form for each of the relevant articles can be found in Appendix 4 of the Guidance Development Methodology document (see the "Availability of Companion Documents" field).

For the development of this guidance the Scottish Dental Clinical Effectiveness Programme (SDCEP) used the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) approach to assess and rate the quality of evidence presented in the systematic reviews (www.gradeworkinggroup.org). The GRADE framework is a widely accepted system for grading both the evidence and the recommendations, and is used internationally by other guideline producers.

After systematic consideration of a number of criteria, including the study types and potential risk of bias, a GRADE 'quality of evidence' rating was assigned to the evidence relevant to a clinical question. GRADE evidence ratings are defined by the GRADE working group as in the "Rating Scheme for the Strength of the Evidence" field.

The GRADE evidence ratings for the outcomes from each of the systematic reviews are recorded in the summary table in Appendix 3 and in the respective evidence appraisal forms in Appendix 4 of the Guidance Development Methodology document (see the "Availability of Companion Documents" field).

For guidelines, the Appraisal of Guidelines Research and Evaluation (AGREE II) instrument was used to assess the methodological quality of the retrieved articles (www.agreetrust.org). The AGREE II instrument is a simple and validated assessment tool that provides an overall quality score for each guideline and an indication of how reliable the guideline might be. Since relevant systematic reviews were lacking for many of the clinical questions, recommendations within the updated SDCEP guidance were informed to a greater extent by the guidelines. Consequently, for quality assurance, the guideline AGREE assessments were carried out independently in duplicate by reviewers from SDCEP and the Cochrane Oral Health Group. Where the scores for a given criterion differed by 2 or more, a third reviewer reconsidered the criterion and a moderated score was agreed and assigned. The overall moderated scores are recorded in the evidence appraisal forms in Appendix 4 of the Guidance Development Methodology document. For clarity, methodological ratings for guidelines are also shown as one of four levels based on the AGREE scores (Very low: 1; Low: 2/3; Moderate: 4/5; High: 6/7). These methodological ratings are included in the summary table in Appendix 3 of the Guidance Development Methodology document. The appraisal forms produced by the AGREE II tool used for assessing guidelines are available on request.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Development and Presentation of Guidance Recommendations

To develop the recommendations for this guidance, the Scottish Dental Clinical Effectiveness Programme (SDCEP) convened a multidisciplinary guidance development group including medical and dental practitioners and specialists along with patient representatives. The key recommendations and practical advice presented in the guidance were developed through considered judgements made by the group, based on existing guidelines, the available evidence, the balance of risks and benefits, clinical experience, expert opinion and patient and practitioner perspectives. The impact of potential barriers to implementation identified during guidance development and through stakeholder involvement and external consultation was also considered (see Appendix 1 in the original guideline document).

Each key recommendation (indicated by a key symbol in the original guideline document) is presented with a brief explanation of the basis for it in the accompanying text. Much of the evidence supporting these recommendations comprised guidelines, most of which were derived from expert opinion. Consequently, key recommendations informed by these guidelines are designated as based on expert opinion and are considered to be standard professional practice important for the provision of safe and effective care. In addition to key recommendations, further clinical practice advice is provided and is based on expert opinion and existing best practice. These advice points are indicated with molar bullet points in the original guideline document. On occasion, wording from cited key sources is used verbatim in the recommendations and clinical practice advice if this was considered necessary to ensure a consistent message is conveyed.

Further details can be found in Appendix 1 of the original guideline document and at www.sdcep.org.uk .

Clinical Questions

Clinical questions relevant to the scope of the guidance were drafted by the SDCEP Programme Development Team (PDT) based around the recommendations made in sections 2-9 of the SDCEP *Conscious Sedation in Dentistry* guidance 2nd Edition (2012) (see the Guidance Development Methodology document [see the "Availability of Companion Documents" field]). These formed the basis for the evidence summaries and considered judgements made by the guidance development group (GDG).

Considered Judgements and Development of Recommendations

The synthesised evidence from guidelines and systematic reviews for each clinical question was summarised (see Appendix 5 of the Guidance Development Methodology document) and distributed to members of the GDG prior to meetings of the group to inform and facilitate the development of the recommendations in the guidance. The process for development of recommendations was informed by the GRADE approach, in that considered judgements were made for each clinical question based on the quality of evidence, the balance of risks and benefits, the values and preferences of patients, and the practicalities of the treatment or care. The impact of potential barriers to implementation of the recommendations, which were identified during guidance development and through stakeholder involvement and external consultation, was also considered.

The evidence summaries, GDG consideration of the criteria and the resulting outcomes for each recommendation are recorded in the Considered Judgement Forms (one for each clinical question) which can be found in Appendix 5. Some of the recommendations were subject to further review and revisions by the group during the course of the guidance development process.

Rating Scheme for the Strength of the Recommendations

Grading of Recommendations Assessment, Development and Evaluation (GRADE) Definitions of Strength of Recommendation

Strong for/or strong against	The guideline panel is confident that the desirable effects of an intervention outweigh its undesirable effects (strong recommendation for an intervention) or that the undesirable effects of an intervention outweigh its desirable effects (strong recommendation against an intervention). A strong recommendation implies that most or all individuals will be best served by the recommended course of action.
Weak for/or weak against (or conditional)	A weak recommendation is one for which the desirable effects probably outweigh the undesirable effects (weak recommendation for an intervention) or undesirable effects probably outweigh the desirable effects (weak recommendation against an intervention) but appreciable uncertainty exists. A weak recommendation implies that not all individuals will be best served by the recommended course of action.

Note: For the clinical questions underpinning this particular guidance, much of the evidence identified comprised other guidelines, most of which were themselves derived from expert opinion. Consequently, key recommendations informed by these guidelines were designated as based on expert opinion and since this is not recognised as a category of quality of evidence by GRADE, were not assigned a strength. Nonetheless, they are considered to be standard professional practice important for the provision of safe and effective care. Brief explanations of the basis for each recommendation are included in the guidance text in the original guideline document.

Cost Analysis

The guideline developers reviewed published cost analyses.

Method of Guideline Validation

External Peer Review

Description of Method of Guideline Validation

Consultation and Peer Review

A wide range of individuals and organisations with an interest in this topic were given advance notice of open consultation on the draft guidance. The four-week open consultation period was initiated in January 2017 and notification of this was sent to a wide range of individuals and organisations across the United Kingdom (UK) with a particular interest in this topic, in addition to professional bodies and charities representing patient groups. During this period the consultation draft was available on the Scottish Dental Clinical Effectiveness Programme (SDCEP) Web site for comment with a consultation feedback form provided to facilitate the process. Implementation interviews with potential end-users of the guidance also took place at this time.

Topic experts, experienced sedationists and guidance/evidence appraisal methodologists were invited to contribute to targeted external peer review by providing feedback on the guidance, the recommendations and in particular the guidance development process used. The eight peer reviewers who provided feedback included two consultant anesthetists, two consultants in special care dentistry, a consultant in paediatric dentistry, a consultant in dental public health, a general dental practitioner and an evidence-based dentistry methodologist. These peer reviewers were asked to declare any interests.

All comments received through the consultation and peer review process were reviewed, the feedback was considered by the guidance development group (GDG), and the guidance was amended accordingly prior to publication. The compiled feedback comments and GDG responses are available on request.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- Effective treatment planning may reduce the need for future treatment with sedation.
- Moderate quality evidence supports midazolam as effective in alleviating anxiety and there is low quality evidence for the use of intranasal midazolam to reduce anxiety and improve patient acceptance of cannulation and dental treatment.
- While standard sedation techniques will be effective for the majority of patients, advanced techniques when delivered by well-trained and experienced teams in the correct environment can provide valuable treatment options with advantages over both standard techniques and general anaesthetic.

Potential Harms

- Sedation-related complications include over-sedation, respiratory depression/apnoea, unconscious patient, airway obstruction, vomiting, idiosyncratic responses, delayed recovery and failure of conscious sedation.
- Critical incidents resulting from sedation include, but are not limited to, choking, vomiting, over-sedation, emergency use of flumazenil or naloxone and medical emergencies.
- Drug combinations have less predictable effects than single drugs, and some anaesthetic drugs and infusions used for sedation have narrower therapeutic indices. Consequently, advanced sedation techniques are likely to have reduced margins of safety, potentially increasing the risk of adverse events.
- Failure to properly assess and treatment plan can lead to unnecessary repeat sedation episodes. This is a particular concern where advanced techniques are required, because of the potential risks involved and the greater impact on the patient and parent/carer.

Contraindications

Contraindications

If either the patient or escort appears to be unwilling or unable to comply with the patient escort requirements, conscious sedation must not be administered.

Qualifying Statements

Qualifying Statements

Statement of Intent

This guidance is based on careful consideration of the available evidence, professional regulations and other relevant information and has been developed through consultation with experts and end-users (see Appendix 1 in the original guideline document). As guidance, it does not override the healthcare professional's right, and duty, to make decisions appropriate to each patient, with their valid consent. However, it is advised that departures from this guidance, and the reasons for this, are fully documented in the patient's clinical record.

Implementation of the Guideline

Description of Implementation Strategy

Recognising that publication of guidance alone is likely to have a limited influence on practice, the Scottish Dental Clinical Effectiveness Programme (SDCEP) also contributes to the research and development of interventions to enhance the translation of guidance recommendations into practice through its participation in the TRiaDS (Translation Research in a Dental Setting) collaboration (www.triads.org.uk).

Information about potential barriers to guidance implementation is sought at various stages during the development process such as during scoping, consultation and peer review, targeted external expert review and at other times pre-publication. A Guidance Implementation Summary of information about these is provided (see the "Availability of Companion Documents" field).

Refer to the Guidance Development Process Manual for additional information on implementation of SDCEP guidance (see the "Availability of Companion Documents" field).

Implementation Tools

Chart Documentation/Checklists/Forms

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Staying Healthy

IOM Domain

Patient-centeredness

Safety

Identifying Information and Availability

Bibliographic Source(s)

Scottish Dental Clinical Effectiveness Programme. Conscious sedation in dentistry: dental clinical guidance. Dundee (Scotland): Scottish Dental Clinical Effectiveness Programme; 2017 Jun. 49 p. [59 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2017 Jun

Guideline Developer(s)

Scottish Dental Clinical Effectiveness Programme - Government Affiliated Research Institute

Source(s) of Funding

The Scottish Dental Clinical Effectiveness Programme (SDCEP) is funded by National Health Service (NHS) Education for Scotland (NES) and has made important contributions to the implementation of the Scottish Government's Dental Action Plan, which aims to both modernise dental services and improve oral health in Scotland. For the updating of Conscious Sedation in Dentistry, the four United Kingdom (UK) Chief Dental Officers provided funds to facilitate SDCEP in convening a UK-wide guidance development group. The views and opinions of the funders have not influenced the recommendations made in this guidance update.

Guideline Committee

- Guidance Development Group
- The Scottish Dental Clinical Effectiveness Programme's (SDCEP's) Programme Development Team

Composition of Group That Authored the Guideline

Guidance Development Group (GDG): Vince Bissell (*Chair*), Professor of Restorative Dentistry and Dental Education and Deputy Head of the Dental School, University of Glasgow; Mick Allen, Specialist in Special Care Dentistry, Newport and Postgraduate Sedation Tutor, Wales Deanery; Lucy Burbridge, Consultant in Paediatric Dentistry, Newcastle Dental School and British Society for Paediatric Dentistry Representative; Francis Collier, Specialist in Special Care Dentistry, NHS Grampian; Barry Corkey*, Specialist in Paediatric Dentistry, NHS Fife and Honorary Senior Lecturer, Edinburgh Dental Institute; Paul Coulthard, Professor of Oral and Maxillofacial Surgery and Head of School of Dentistry, University of Manchester; Giju George, Consultant Anaesthetist, Royal Liverpool and Broadgreen University Hospitals NHS Trust and Association of Dental Anaesthetists Representative; Abigail Heffernan, Consultant in Special Care Dentistry, Dundee Dental Hospital; Paul Howlett, General Dental Practitioner, Teesside; Dagmar Kerr, Patient Representative & Area Coordinator for Greater Glasgow & Clyde, Action for Sick Children Scotland; Karin Laidlaw*, Specialist Dental Nurse Tutor, NHS Education for Scotland, Edinburgh; Clare Ledingham, Specialist Paediatric Dentist, Liverpool Community Health NHS Trust and Honorary Secretary, British Society of Paediatric Dentistry; Simon Morrow, General Dental Practitioner, Ayrshire and Sedation Practice Inspector, NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde, NHS Lanarkshire; Robin Smith, Patient Representative, Lothian; Peter Walker, Senior Dental Officer (Lead Sedationist), Stobhill Hospital, NHS Greater Glasgow & Clyde, NES Lecturer in Sedation and Honorary Clinical Sedation Teacher, University of Glasgow

*GDG members for 2006 guidance publication and 2012 update

Programme Development Team: Jan Clarkson, Programme Director and Professor of Clinical Effectiveness, University of Dundee; Douglas Stirling, Programme Manager – Guidance and Programme Development;

Michele West, Research and Development Manager – Guidance Development; Linda Young, Programme Manager – Evaluation of Implementation; Gillian Forbes, Research Fellow; Claire Scott, Specialist Research Lead; Margaret Mooney, Programme Administrator; Elizabeth Payne, Programme Administrator

Financial Disclosures/Conflicts of Interest

Conflicts of Interest

All contributors to the Scottish Dental Clinical Effectiveness Programme (SDCEP), including members of the guidance development group (GDG) and external expert peer reviewers, are required to complete an SDCEP Declaration of Interests form to disclose relevant interests including financial conflicts of interest, such as receipt of fees for consulting with industry, and intellectual conflicts of interest, such as publication of original data bearing directly on a recommendation. These forms are held by SDCEP, updated yearly and are available on request. At the beginning of each group meeting during guidance development, participants are asked to confirm whether there are any changes to their Declaration of Interests.

Declared interests which could have potentially constituted a conflict of interest were considered by the SDCEP Programme Development Team (PDT), the GDG chair and the group to decide whether and how the extent of the individual's participation in the guidance development should be limited (e.g., exclusion from certain decisions or stages, or complete withdrawal).

Summary of Disclosures

All of the GDG members, peer reviewers and members of the SDCEP Programme Development Team (PDT) completed and returned the Declaration of Interests form. The Clinical Chair of the GDG had no declared interests.

Professional roles in sedation provision, teaching or inspection through employment within non-commercial organisations were not considered to be a conflict of interests. A number of group members declared membership of committees or societies relevant to dental sedation, but this was also considered unlikely to lead to a conflict of interest.

Four of the fifteen external GDG members disclosed direct financial interests relevant to the guidance topic which could potentially cause, or be perceived to cause, conflicts of interest.

None of the SDCEP PDT members had any interests relevant to the guidance.

The Declarations of Interest forms for all individuals involved in the *Conscious Sedation in Dentistry* guidance update project are available on request. A summary of the declarations and the consideration of potential conflicts of interest and management decisions are provided in the Guidance Development Methodology document (see the "Availability of Companion Documents" field).

Further information on SDCEP's approach to conflicts of interest is available in the SDCEP Guidance Development Process Manual (version 1.3, February 2016) (see the "Availability of Companion Documents" field).

Guideline Endorser(s)

Faculty of General Dental Practice (UK) - Medical Specialty Society

Royal College of Physicians and Surgeons of Glasgow - Clinical Specialty Collaboration

Royal College of Surgeons of Edinburgh - Medical Specialty Society

Royal College of Surgeons of England - Medical Specialty Society

Royal College of Surgeons of Ireland - Medical Specialty Society

Guideline Status

This is the current release of the guideline.

This guideline meets NGC's 2013 (revised) inclusion criteria.

Guideline Availability

Available from the Scottish Dental Clinical Effectiveness Programme (SDCEP) Web site.

Availability of Companion Documents

The following are available:

- Conscious sedation in dentistry: guidance development methodology. Dundee (Scotland): Scottish Dental Clinical Effectiveness Programme (SDCEP); 2017 Jun. 237 p. Available from the Scottish Dental Clinical Effectiveness Programme (SDCEP) Web site.
- Conscious sedation in dentistry 3rd edition: guidance implementation summary. Dundee (Scotland): Scottish Dental Clinical Effectiveness Programme (SDCEP); 2017 Jun. 6 p. Available from the SDCEP Web site.
- Guidance development process manual. Version 1.3. Dundee (Scotland): Scottish Dental Clinical Effectiveness Programme (SDCEP); 2016 Feb. 20 p. Available from the SDCEP Web site.

In addition, learning outcomes for life support training, information on patient records and documentation, and the American Society of Anesthesiologists (ASA) Physical Status Classification System are provided in the appendices of the original guideline document.

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on February 27, 2018. The information was verified by the guideline developer on March 27, 2018.

This NEATS assessment was completed by ECRI Institute on February 20, 2018. The information was verified by the guideline developer on March 27, 2018.

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